

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	CHK	67814	8/17/00
O.I.P.E. CLASSIFIER		10	8-22-00
FORMALITY REVIEW	W.M	869	09-27-00
RESPONSE FORMALITY REVIEW	JK	876	09/09/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	8/17/00
2	✓	✓	8/17/00
3	✓	✓	8/17/00
4	✓	✓	8/17/00
5	✓	✓	8/17/00
6	✓	✓	8/17/00
7	✓	✓	8/17/00
8	✓	✓	8/17/00
9	✓	✓	8/17/00
10	✓	✓	8/17/00
11	✓	✓	8/17/00
12	✓	✓	8/17/00
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47	✓	✓	8/17/00
48	✓	✓	8/17/00
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50	✓	✓	8/17/00

Claim	Final	Original	Date
51	✓	✓	8/17/00
52	✓	✓	8/17/00
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99	✓	✓	8/17/00
100	✓	✓	8/17/00

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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